

A		MM DD YYYY	CEN		18-0003062	000	Delete Change No Activity		NFIRS -1 Basic
AA211		IL	10 12	2018					
FDID *		State *	Incident Date *		Station	Incident Number *	Exposure *		
B Location*									
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.									
Census Tract 0004 -- 00									
<input checked="" type="checkbox"/> Street address									
611 N 8th									
Number/Milepost Prefix Street or Highway									
ST									
Street Type Suffix									
<input type="checkbox"/> Intersection									
<input type="checkbox"/> In front of									
<input type="checkbox"/> Rear of									
<input type="checkbox"/> Adjacent to									
<input type="checkbox"/> Directions									
Apt./Suite/Room City State Zip Code									
Quincy IL 62301									
Cross street or directions, as applicable									
C Incident Type *									
111 Building fire									
Incident Type									
D Aid Given or Received*									
1 <input type="checkbox"/> Mutual aid received									
2 <input type="checkbox"/> Automatic aid recv.									
3 <input type="checkbox"/> Mutual aid given									
4 <input type="checkbox"/> Automatic aid given									
5 <input type="checkbox"/> Other aid given									
N <input checked="" type="checkbox"/> None									
Their FDID Their State									
Their Incident Number									
E1 Date & Times									
Midnight is 0000									
Check boxes if dates are the same as Alarm Date.									
Month Day Year Hr Min Sec									
10 12 2018 21:12:18									
Alarm *									
ARRIVAL required, unless canceled or did not arrive									
<input checked="" type="checkbox"/> Arrival *									
10 12 2018 21:15:45									
CONTROLLED Optional, Except for wildland fires									
<input type="checkbox"/> Controlled									
LAST UNIT CLEARED, required except for wildland fires									
<input checked="" type="checkbox"/> Last Unit									
<input checked="" type="checkbox"/> Cleared									
10 13 2018 03:00:00									
E2 Shift & Alarms									
Local Option									
1 01 246									
Shift or Alarms District									
E3 Special Studies									
Local Option									
Special Study ID# Special Study Value									
F Actions Taken *									
11 Extinguishment by fire									
Primary Action Taken (1)									
21 Search									
Additional Action Taken (2)									
24 Recover body									
Additional Action Taken (3)									
G1 Resources *									
<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.									
Apparatus Personnel									
Suppression 0008 0017									
EMS									
Other									
<input type="checkbox"/> Check box if resource counts include aid received resources.									
G2 Estimated Dollar Losses & Values									
LOSSES: Required for all fires if known. Optional for non fires.									
Property \$ 054 200									
Contents \$ 032 500									
PRE-INCIDENT VALUE: Optional									
Property \$ 194 400									
Contents \$ 077 800									
Completed Modules									
<input checked="" type="checkbox"/> Fire-2									
<input checked="" type="checkbox"/> Structure-3									
<input checked="" type="checkbox"/> Civil Fire Cas.-4									
<input type="checkbox"/> Fire Serv. Cas.-5									
<input type="checkbox"/> EMS-6									
<input type="checkbox"/> HazMat-7									
<input type="checkbox"/> Wildland Fire-8									
<input checked="" type="checkbox"/> Apparatus-9									
<input checked="" type="checkbox"/> Personnel-10									
<input checked="" type="checkbox"/> Arson-11									
H1* Casualties									
None									
Deaths Injuries									
Fire Service									
Civilian 002 002									
H2 Detector									
Required for Confined Fires.									
1 <input type="checkbox"/> Detector alerted occupants									
2 <input checked="" type="checkbox"/> Detector did not alert them									
U <input type="checkbox"/> Unknown									
H3 Hazardous Materials Release									
N <input checked="" type="checkbox"/> None									
1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions									
2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)									
3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container									
4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage									
5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable									
6 <input type="checkbox"/> Household solvents: home/office appt., cleanup only									
7 <input type="checkbox"/> Motor oil: from engine or portable container									
8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons									
0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form									
I Mixed Use Property									
NN <input checked="" type="checkbox"/> Not Mixed									
10 <input type="checkbox"/> Assembly use									
20 <input type="checkbox"/> Education use									
33 <input type="checkbox"/> Medical use									
40 <input type="checkbox"/> Residential use									
51 <input type="checkbox"/> Row of stores									
53 <input type="checkbox"/> Enclosed mall									
58 <input type="checkbox"/> Bus. & Residential									
59 <input type="checkbox"/> Office use									
60 <input type="checkbox"/> Industrial use									
63 <input type="checkbox"/> Military use									
65 <input type="checkbox"/> Farm use									
00 <input type="checkbox"/> Other mixed use									
J Property Use*									
Structures									
131 <input type="checkbox"/> Church, place of worship									
161 <input type="checkbox"/> Restaurant or cafeteria									
162 <input type="checkbox"/> Bar/Tavern or nightclub									
213 <input type="checkbox"/> Elementary school or kindergarten									
215 <input type="checkbox"/> High school or junior high									
241 <input type="checkbox"/> College, adult education									
311 <input type="checkbox"/> Care facility for the aged									
331 <input type="checkbox"/> Hospital									
Outside									
124 <input type="checkbox"/> Playground or park									
655 <input type="checkbox"/> Crops or orchard									
669 <input type="checkbox"/> Forest (timberland)									
807 <input type="checkbox"/> Outdoor storage area									
919 <input type="checkbox"/> Dump or sanitary landfill									
931 <input type="checkbox"/> Open land or field									
341 <input type="checkbox"/> Clinic, clinic type infirmary									
342 <input type="checkbox"/> Doctor/dentist office									
361 <input type="checkbox"/> Prison or jail, not juvenile									
419 <input checked="" type="checkbox"/> 1-or 2-family dwelling									
429 <input type="checkbox"/> Multi-family dwelling									
439 <input type="checkbox"/> Rooming/boarding house									
449 <input type="checkbox"/> Commercial hotel or motel									
459 <input type="checkbox"/> Residential, board and care									
464 <input type="checkbox"/> Dormitory/barracks									
519 <input type="checkbox"/> Food and beverage sales									
936 <input type="checkbox"/> Vacant lot									
938 <input type="checkbox"/> Graded/care for plot of land									
946 <input type="checkbox"/> Lake, river, stream									
951 <input type="checkbox"/> Railroad right of way									
960 <input type="checkbox"/> Other street									
961 <input type="checkbox"/> Highway/divided highway									
962 <input type="checkbox"/> Residential street/driveway									
539 <input type="checkbox"/> Household goods, sales, repairs									
579 <input type="checkbox"/> Motor vehicle/boat sales/repair									
571 <input type="checkbox"/> Gas or service station									
599 <input type="checkbox"/> Business office									
615 <input type="checkbox"/> Electric generating plant									
629 <input type="checkbox"/> Laboratory/science lab									
700 <input type="checkbox"/> Manufacturing plant									
819 <input type="checkbox"/> Livestock/poultry storage (barn)									
882 <input type="checkbox"/> Non-residential parking garage									
891 <input type="checkbox"/> Warehouse									
981 <input type="checkbox"/> Construction site									
984 <input type="checkbox"/> Industrial plant yard									
Lookup and enter a Property Use code only if you have NOT checked a Property Use box:									
Property Use 419									
1 or 2 family dwelling									
NFIRS-1 Revision 03/11/99									

K1 Person/Entity Involved

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

☒ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name William MI Brewer Last Name _____ Suffix _____

Number 611 Prefix N Street or Highway 8th Street Type ST Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City Quincy

State IL Zip Code 62301 - _____

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner ☐ Same as person involved? Then check this box and skip The rest of this section.

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name Vernon MI Zinn Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City Quincy

State IL Zip Code 62301 - _____

L Remarks

Local Option _____

E2 responded to a 2-4-6 General alarm to 611 N. 8th, report of a possible structure fire. En-route dispatch informed us that there were two individuals trapped on the second floor. Upon arrival QPD was on scene and light smoke was visible from the upper level of the 2 story brick home. An officer informed Capt. Bichsel that the mother reported that two children were still in the front bedroom on the second floor. The two second floor windows were darkened with smoke. Capt. Bichsel instructed E2's crew to throw a ladder to a second floor window on the front of the house. Prior to the ladder being thrown the two windows started to break due to the heat. The ladder was placed in the rescue position below the north window. FF. Moody was the first up the ladder followed by Capt. Bichsel. FF. Moody was attempted to make entry but was unable due to the heat. E4's crew handed up an attack line to Moody and Bichsel. FF Moody applied water into the room for several seconds then FF. Moody, Capt. Bichsel and FF. Dade was able to make entry. The floor was covered with mattresses and other debris. The search began for the two children while FF. Moody knocked down the fire. Capt. Bichsel located the two children lying one on top of the other on the floor. Both children were deceased with no chance of revival. Both children were severely burned. Capt. Bichsel notified Acting AC Munger that the victims were located. It was decided that the victims were going to be left in place. The fire was contained to the front second floor bedroom. E2's crew was relieved by E3's crew. E2's crew changed bottles and started to gather building information. The mother and one child were transported to Blessing by ACAS and treated for smoke inhalation. Capt. Bichsel informed the fire and police investigators of what E2's crew did and what was found. E2's crew assisted with shutting down an attack line and loading it on E2. E2's crew assisted with reloading 5" hose onto E6. It was determined that all hot spots were extinguished and QPD and Fire investigators began to check out the burn room. Acting AC Munger released E2 from the scene. E2's crew went to Blessing to gather personal information on the occupants

L Authorization

Officer in charge ID 104 Signature Bichsel, Chris L Position or rank CAPT Assignment 2 Month 10 Day 13 Year 2018

Check Box if ☒ same as Officer Member making report ID in charge. Signature Bichsel, Chris L Position or rank CAPT Assignment 2 Month 10 Day 13 Year 2018

AA211	IL	MM 10	DD 12	YYYY 2018	CEN	18-0003062	000	Complete Narrative
FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *		

Narrative:

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E2's crew changed bottles and started to gather building information. The mother and one child were transported to Blessing by ACAS and treated for smoke inhalation. Capt. Bichsel informed the fire and police investigators of what E2's crew did and what was found. E2's crew assisted with shutting down an attack line and loading it on E2. E2's crew assisted with reloading 5" hose onto E6. It was determined that all hot spots were extinguished and QPD and Fire investigators began to check out the burn room. Acting AC Munger released E2 from the scene. E2's crew went to Blessing to gather personal information on the occupants and victims but QPD had already left. E2 returned to the scene and Capt. Bichsel was able to get occupant and victim information from QPD. QPD reported that the occupants were living at the house as squatters and were suppose to be out of the house back in September. The power and utilities were shut off in September. The occupants were using an extension cord running from the neighbors basement into the house, then split off to several other extension cords. One extension cord was run up the stairs into the fire room. QPD reported that the mother stated that the extension cord was running a space heater. The neighbor was unaware that the extension cord was coming from their basement. There were no smoke detectors in the house. E2 returned to quarters. QFD and QPD investigators remained on scene.

A <div style="display: flex; justify-content: space-between;"> <div>AA211 FDID *</div> <div>IL State *</div> <div>MM DD 10 12 Incident Date *</div> <div>YYYY 2018</div> <div>CEN Station</div> <div>18-0003062 Incident Number *</div> <div>000 Exposure *</div> <div> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </div> </div>	NFIRS -2 Fire
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B Property Details B1 <u>0001</u> <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i> B2 <u>001</u> <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i> B3 <u> </u> <input type="checkbox"/> None <i>Acres burned (outside fires)</i> <input type="checkbox"/> Less than one acre	C On-Site Materials <input type="checkbox"/> None <i>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved</i> or Products Enter up to three codes. Check one or more boxes for each code entered. <div style="display: flex;"> <div style="flex: 1;"> <u> </u> <u> </u> On-site material (1) </div> <div style="flex: 1;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div> <div style="display: flex;"> <div style="flex: 1;"> <u> </u> <u> </u> On-site material (2) </div> <div style="flex: 1;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div> <div style="display: flex;"> <div style="flex: 1;"> <u> </u> <u> </u> On-site material (3) </div> <div style="flex: 1;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div>
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D Ignition D1 <u>21</u> <u>Bedroom - < 5 persons;</u> <i>Area of fire origin *</i> D2 <u>UU</u> <u>Undetermined</u> <i>Heat source *</i> D3 <u>UU</u> <u>Undetermined</u> <i>Item first ignited *</i> 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <u> </u> <u> </u> <i>Type of material first ignited</i> <i>Required only if item first ignited code is 00 or <70</i>	E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input checked="" type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <u>UU</u> <u>Undetermined</u> <input checked="" type="checkbox"/> None Factor Contributing To Ignition (1) <u> </u> <u> </u> Factor Contributing To Ignition (2)	E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <u> </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <u> </u> <u> </u> Equipment Involved Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>	F2 Equipment Power <u> </u> <u> </u> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.	G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <u> </u> <u> </u> Fire suppression factor (1) <u> </u> <u> </u> Fire suppression factor (2) <u> </u> <u> </u> Fire suppression factor (3)
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H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned	H2 Mobile Property Type & Make <u> </u> <u> </u> Mobile property type <u> </u> <u> </u> Mobile property make <u> </u> <u> </u> Mobile property model Year <u> </u> <u> </u> <u> </u> License Plate Number State VIN Number	Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached
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NFIRS-2 Revision 01/19/99

I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right;">NFIRS-3 Structure Fire</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">752</div> <small>Total square feet</small> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></div> <div>BY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></div> </div> <div style="display: flex; justify-content: space-between;"> <small>Length in feet</small> <small>Width in feet</small> </div>
J1 Fire Origin * <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> Number of stories w/ minor damage (1 to 24% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> Number of stories w/ significant damage (25 to 49% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> Number of stories w/ heavy damage (50 to 74% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>Type of material contributing most of flame spread</small> <small>Required only if item contributing code is 00 or <70</small>	
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input checked="" type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined		
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined	
L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined		L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> U <input type="checkbox"/> Undetermined	
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present Complete rest of Section M 1 <input type="checkbox"/> Present	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> U <input type="checkbox"/> Undetermined	
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>Number of sprinkler heads operating</small>	

NFIRS-3 Revision 01/19/99

AA211 FDID *	IL State *	MM DD YYYY 10 12 2018 Incident Date *	CEN Station	18-0003062 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
104 Bichsel, Chris L	2	FIRE Fire		CAPT		2.64	2.64	0.00
116 Dade, Michael A	2	FIRE Fire		FAE		2.64	2.64	0.00
148 Moody, Paul J	2	FIRE Fire		FF		2.64	2.64	0.00
133 Schneider, Shawn S	3	FIRE Fire		FF		2.64	2.64	0.00
136 Baker, Deon W	3	FIRE Fire		FF		2.64	2.64	0.00
99 George, Chris J	3	FIRE Fire		FAE		2.64	2.64	0.00
113 Steinkamp, Jason P	4	FIRE Fire		LT		2.64	2.64	0.00
114 Elsie, Jeffrey B	4	FIRE Fire		FAE		2.64	2.64	0.00
150 Ogilvie, Rian	4	FIRE Fire		FF		2.64	2.64	0.00
129 Weise, Andrew J	5	FIRE Fire		FF		2.64	2.64	0.00
132 Kendrick, Bradley D	5	FIRE Fire		LT		2.64	2.64	0.00
144 Willingham, Ryan	5	FIRE Fire		FF		2.64	2.64	0.00
108 Jennings, Matthew M	6	FIRE Fire		FAE		2.64	2.64	0.00
119 Wiewel, Stephen R	6	FIRE Fire		LT		2.64	2.64	0.00
146 Lucchetti, Mike	6	FIRE Fire		FF		2.64	2.64	0.00
107 Munger, Thurman A	IC	FIRE Fire		CAPT		2.64	2.64	0.00
125 Goehl, Cory R	RESCUE	FIRE Fire		FF		2.64	2.64	0.00

Total Participants: 17

Total Personnel Hours: 44.88

An 'X' next to the unit denotes driver.

A

AA211

FDID *

IL

State *

MM

DD

YYYY

10

12

2018

Incident Date *

CEN

Station

18-0003062

Incident Number *

000

Exposure *

☐ Delete☐ ChangeNFIRS - 18
Supplemental

K1 Person/Entity Involved

Business name if applicable

Phone Number

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Marylynn

Mr., Ms., Mrs. First Name

Kramer

MI Last Name

Suffix

611

Number

N

Prefix

8th

Street or highway

ST

Street Type

Suffix

Post office box

Apt./Suite/Room

Quincy

City

IL

State

62301

Zip Code

K2 Person/Entity Involved

Business name if applicable

Phone Number

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

611

Number

N

Prefix

8th

Street or highway

ST

Street Type

Suffix

Post office box

Apt./Suite/Room

Quincy

City

IL

State

62301

Zip Code

K3 Person/Entity Involved

Business name if applicable

Phone Number

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Toby

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

611

Number

N

Prefix

8th

Street or highway

ST

Street Type

Suffix

Post office box

Apt./Suite/Room

Quincy

City

IL

State

62301

Zip Code

K4 Person/Entity Involved

Business name if applicable

Phone Number

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Emma

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

611

Number

N

Prefix

8th

Street or highway

ST

Street Type

Suffix

Post office box

Apt./Suite/Room

Quincy

City

IL

State

62301

Zip Code

K5 Person/Entity Involved

Business name if applicable

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Suffix

Post office box

Apt./Suite/Room

City

State

Zip Code

NFIRS-11 Revision 6/9/98

AA211 FDID *	IL State *	MM DD 10 12 Incident Date *	YYYY 2018	CEN Station	18-0003062 Incident Number *	00000 Exposure *	NFIRS - Incident User Fields
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GENERAL INCIDENT INFORMATION

Detectors? NO

Insurance: GRAWE INSURANCE

Was a Notice of Violation issued for burning? NO

Does NFPA 1710 apply? YES

EMS INCIDENT INFORMATION

Type of EMS call:

QFD arrival status:

Responded from: Central Station

FIRE INCIDENT INFORMATION

Building condition: FAIR

Room of origin size: 182 sq. ft.

Total building size: 1504 sq. ft.

Property status: RENTAL

Area damaged by:

Fire: 200 sq. ft. Heat: 600 sq. ft. Smoke: 1304 sq. ft. Water: 800 sq. ft.

Pump Time: 2 Hour(s) 5 Minute(s)